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35 GATEHOUSE I WALTHAM, MA	DRIVE		Sta add tra			
						(Depositor's name)
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.	
10/528,974	03/23/2005		Paul Murray	***************************************	100835-1P US	1465
TITLE OF INVENTION: PF	ROCESS AND INTI	ERMEDIATES FOR TH	E PREPARATION OF TH	E THIENOPYRRO	LE DERIVATIVES	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUR	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/07/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SHAMEEM, GOLAM M		1626	514-412000			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty)	oe)	······································	
PLEASE NOTE: Unless a	an assignee is ident	ified below, no assignee	data will appear on the p	atent. If an assigne	e is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNE			e data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
AstraZeneo	Ca AB assignee category or	categories (will not be pr	SE-15185 Sodertalje, Sweden inted on the patent): 🔲 Individual 🙀 Corporation or other private group entity 🖵 Government			
4a. The following fee(s) are so					y previously paid issue fee	***************************************
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
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. Change in Entity Status (f	rom status indicated	above)	overpayment, to toppor	ar Account Million	0 = 323 [tenclose ar	extra copy of this form).
a. Applicant claims SM	ALL ENTITY statu	s. See 37 CFR 1.27.	Db. Applicant is no long	er claiming SMALI	L ENTITY status. See 37 CF	'R 1,27(g)(2).
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Typed or printed name	John X.	Haberman.	· ·	Registration No	55236	
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